

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566456

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
201							151							
202				1			152							
203				1			153							
204				1			154							
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250							200							
TOTAL IND.			↓ 4	↓		↓								
TOTAL DEP.			← 25	←		←								
TOTAL CLAIMS			31											

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	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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147								197					
148								198					
149								199					
150								200					
TOTAL IND.			↓		↓		↓						
TOTAL DEP.			←		←		←						
TOTAL CLAIMS			████████		████████		████████						

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